

MINOR RELEASE FORM AND CONSENT TO MEDICAL TREATMENT

**ALL VOLUNTEERS UNDER 18 YEARS OF AGE MUST HAVE
A PARENT OR LEGAL GUARDIAN COMPLETE THIS FORM**

Aliso Creek Cleanup - May 22, 2010

Child's Name: _____ Date of Birth: _____

Name of Parent or Guardian: _____

Address: _____

Home Phone: _____ Business Phone: _____

VOLUNTARY RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

I hereby give my permission for the Minor in my custody to participate as a volunteer for the Aliso Creek Cleanup ("Activity") on May 22, 2010. I am aware that in participating in the Activity, the Minor may be exposed to risks of damage to his/her personal property and personal injury to himself/herself including, but not limited to, the hazards associated with physical contact with others and exposure to unsanitary trash and refuse. I hereby agree to accept and assume all responsibility or any and all risks of damage, injury, or death involved in the Activity, whether the risks are known or unknown to me.

In consideration for the City of Lake Forest allowing the Minor to participate in the Activity, I hereby agree that I, said Minor, my executors, heirs, administrators and assigns, and the executors, heirs, administrators and assigns of said Minor, will release and discharge the City of Lake Forest, their officials, officers, employees, agents, volunteers, and any other promoters, operators or co-sponsors of the Activity, from and against any and all liability arising out of the negligent and wrongful acts or omissions associated with said Minor's participation in the Activity.

Additionally, I agree to indemnify and hold harmless the City of Lake Forest, their officials, officers, employees, agents, volunteers, and any other promoters, operators or co-sponsors of the Activity, for any claim, lawsuit, or demand which may be brought by any person against the City of Lake Forest, their officials, officers, employees, agents, volunteers, and any other promoters, operators or co-sponsors of the Activity based on said Minor's participation in the Activity, including, but not limited to, any and all claims for compensation, personal injury, property damage or wrongful death caused by said Minor's negligence or willful misconduct, in the performance of volunteer services.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my executors, heirs, administrators and assigns, and the executors, heirs, administrators and assigns of said Minor.

Date: _____

Signature of Parent or Guardian: _____

CONSENT TO MEDICAL TREATMENT OF MINOR

In the event of illness, accident or injury which may occur while said minor is engaged in the Activity, I hereby authorize and give my consent pursuant to California Family Code Section 6910, to the City of Lake Forest, their officials, officers, employees, agents, volunteers, and any other promoters, operators or co-sponsors of the Activity, to seek medical treatment for said Minor as shall be necessary under the circumstances from a physician licensed under the laws of the State of California.

Date: _____

Child's Name: _____

Signature of Parent or Guardian: _____

Family Physician: _____ Phone Number: _____

Insurance Company and Policy No.: _____

Pertinent Medical History (e.g. Epilepsy, Diabetes, Asthma, Allergies to Medicine, etc.): _____
